

DEC 14 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Dunklin  
Township  
City St. Joseph (No. St. Joseph Hosp.)

Registration District No. 85  
Primary Registration District No. 100

File No. 40744  
Registered No. 1301  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

James Riley Elder  
(a) Residence, No. 1020 Douglas St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missie Elder6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-18707. AGE YEARS 67 MONTHS 7 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edchamge Bldg10. Date deceased last worked at this occupation (month and year) 7-1933 11. Total time (years) spent in this occupation 1712. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME John Elder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Sytha Gaimster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Mo17. INFORMANT Missie Elder (ADDRESS) 1020 Douglas18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE Dec 1 193719. UNDERTAKER Barry - Wash (ADDRESS) 217 1/2 W 4th20. FILED Nov 30 1937 H J Neale Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1937 to Nov 26 1937  
I last saw him alive on Nov 25 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Senescent Cerebral Date of onset 3 days

Other contributory causes of importance:

ant. pulm. hem.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) L. H. Inman M. D.(Address) St. Joseph Mo

THIS CERTIFICATE IS VALID ONLY WHEN FILED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 110, R.S.MO. 1929. ANY INFORMATION OBTAINED FROM THIS CERTIFICATE IS TO BE USED ONLY FOR STATISTICAL PURPOSES. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

